

# **XANAX® Tablets** (alprazolam) ©

## **CONTRAINDICATIONS**

Patients with sensitivity to this drug or other benzodiazepines and in acute narrow angle glaucoma.

## **WARNINGS**

Not of value in psychotic patients. Caution patients against hazardous occupations requiring complete mental alertness and about the simultaneous ingestion of alcohol and other CNS depressant drugs.

Benzodiazepines can cause fetal harm in pregnant women. Warn patients of the potential hazard to the fetus. Avoid during the first trimester.

## **PRECAUTIONS**

**General:** The dosage of XANAX Tablets should be reduced or withdrawn gradually, since withdrawal seizures have been reported upon abrupt withdrawal. If XANAX is combined with other psychotropics or anticonvulsant drugs, consider drug potentiation (see Drug Interaction section). Exercise the usual precautions regarding size of the prescription for depressed or suicidal patients. In elderly and debilitated patients, use the lowest possible dosage (see Dosage and Administration). Observe the usual precautions in treating patients with impaired renal or hepatic function.

**Information for Patients:** Alert patients about: (a) consumption of alcohol and drugs, (b) possible fetal abnormalities, (c) operating machinery or driving, (d) not increasing dose of the drug due to risk of dependence, (e) not stopping the drug abruptly. **Laboratory Tests:** Not ordinarily required in otherwise healthy patients. **Drug Interactions:** Additive CNS depressant effects with other psychotropics, anticonvulsants, antihistamines, ethanol and other CNS depressants. Pharmacokinetic interactions with other drugs, e.g., cimetidine, have been reported. **Drug/Laboratory Test Interactions:** No consistent pattern for a drug or test. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** No carcinogenic potential or impairment of fertility in rats. **Pregnancy:** See Warnings. **Nonteratogenic Effects:** The child born of a mother on benzodiazepines may be at some risk for withdrawal symptoms and neonatal flaccidity. **Labor and Delivery:** No established use. **Nursing Mothers:** Benzodiazepines are excreted in human milk. Women on XANAX should not nurse. **Pediatric Use:** Safety and effectiveness in children below the age of 18 have not been established.

## **ADVERSE REACTIONS**

Side effects are generally observed at the beginning of therapy and usually disappear with continued medication. In the usual patient, the most frequent side effects are likely to be an extension of the pharmacologic activity of XANAX, e.g., drowsiness or lightheadedness.

**Central nervous system:** Drowsiness, lightheadedness, depression, headache, confusion, insomnia, nervousness, syncope, dizziness, akathisia, and tiredness/sleepiness. **Gastrointestinal:** Dry mouth, constipation, diarrhea, nausea/vomiting, and increased salivation. **Cardiovascular:** Tachycardia/palpitations, and hypotension. **Sensory:** Blurred vision. **Musculoskeletal:** Rigidity and tremor. **Cutaneous:** Dermatitis/allergy. **Other side effects:** Nasal congestion, weight gain, and weight loss. Withdrawal seizures have been reported upon rapid decrease or abrupt discontinuation of XANAX. (See Precautions.)

In addition, the following adverse events have been reported with the use of benzodiazepines: dystonia, irritability, concentration difficulties, anorexia, transient amnesia or memory impairment, loss of coordination, fatigue, sedation, slurred speech, jaundice, musculoskeletal weakness, pruritus, diplopia, dysarthria, changes in libido, menstrual irregularities, incontinence and urinary retention.

Paradoxical reactions such as stimulation, agitation, increased muscle spasticity, sleep disturbances, and hallucinations may occur. Should these occur, discontinue the drug.

During prolonged treatment, periodic blood counts, urinalysis, and blood chemistry analysis are advisable. Minor EEG changes, of unknown significance, have been observed.

## **DRUG ABUSE AND DEPENDENCE**

**Physical and Psychological Dependence:** Withdrawal symptoms have occurred following abrupt discontinuance of benzodiazepines. Withdrawal seizures have occurred upon rapid decrease or abrupt discontinuation of therapy. In all patients, dosage should be gradually tapered under close supervision. Patients with a history of seizures or epilepsy should not be abruptly withdrawn from XANAX. Addiction-prone individuals should be under careful surveillance. **Controlled Substance Class:** XANAX is a controlled substance and has been assigned to schedule IV.

## **OVERDOSAGE**

Manifestations include somnolence, confusion, impaired coordination, diminished reflexes and coma. No delayed reactions have been reported.

## **DOSAGE AND ADMINISTRATION**

Dosage should be individualized.

The usual starting dose is 0.25 to 0.5 mg, t.i.d. Maximum total daily dose is 4 mg. In the elderly or debilitated, the usual starting dose is 0.25 mg, two or three times daily. Reduce dosage gradually when terminating therapy, by no more than 0.5 milligram every three days.

## **HOW SUPPLIED**

XANAX Tablets are available as 0.25 mg, 0.5 mg, and 1 mg tablets.

**Caution:** Federal law prohibits dispensing without prescription.

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**Upjohn** THE UPJOHN COMPANY  
Kalamazoo, Michigan 49001 USA

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# Books Received

*Books received by THE WESTERN JOURNAL OF MEDICINE are acknowledged in this column. Selections will be made for more extensive review in the interest of readers as space permits.*

**ACUTE MEDICAL PROBLEMS IN THE POSTOPERATIVE PATIENT**—Edited by George A. Porter, MD, Professor and Chairman, Department of Medicine, Oregon Health Sciences University, Portland. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 216 pages, \$24 (paperback).

**ADVANCES IN UROLOGIC ONCOLOGY—Volume 1—GENERAL PERSPECTIVES**—Edited by Richard D. Williams, MD, Professor and Chairman, Department of Urology, University of Iowa College of Medicine, Iowa City. Macmillan Publishing Co, 866 Third Ave, New York, NY 10022, 1987. 212 pages, \$37.50.

**THE CALIFORNIA PROFESSIONAL CORPORATION HANDBOOK—Third Edition**—Anthony Mancuso. Nolo Press, 950 Parker St, Berkeley, CA 94710, 1987. 224 pages, \$29.95 (paperback).

**THE CARE OF PATIENTS—PERSPECTIVES AND PRACTICES—Revised Edition**—Mack Lipkin, MD, Clinical Professor of Medicine, University of North Carolina Medical School, Chapel Hill. Yale University Press, 92A Yale University, New Haven, CT 06520, 1987. 228 pages, price not given (paperback).

**COMMUNITY-ORIENTED PRIMARY CARE: FROM PRINCIPLE TO PRACTICE**—Edited by Paul A. Nutting, MD. US Department of Health and Human Services, Superintendent of Documents, US Government Printing Office, Washington, DC 20402, 1987. 539 pages, \$16 (paperback).

**CPT & HCPCS CODING FOR OPTIMAL REIMBURSEMENT**—Gary M. Knaus. Medical Administration Publications, PO Box 9268, Downers Grove, IL 60515, 1987. 267 pages, \$39.95 (paperback).

**DIAGNOSTIC RECOGNITION OF GENETIC DISEASE**—William L. Nyhan, MD, PhD, Professor and Chairman, Department of Pediatrics, University of California, San Diego, and Nadia A. Sakati, MD, Geneticist and Endocrinologist, King Faisal Hospital and Research Center, Riyadh, Saudi Arabia. Lea & Febinger, 600 Washington Square, Philadelphia, PA 19106-4198, 1987. 720 pages, \$75.

**THE ECG IN ANESTHESIA AND CRITICAL CARE**—Edited by Daniel M. Thys, MD, Associate Professor and Director, Division of Cardiothoracic Anesthesia, and Joel A. Kaplan, MD, Professor and Chairman, Department of Anesthesiology, Mount Sinai School of Medicine of the City University of New York. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 257 pages, \$24 (paperback).

**ELECTROMYOGRAPHY IN CLINICAL PRACTICE—ELECTRODIAGNOSTIC ASPECTS OF NEUROMUSCULAR DISEASE—2nd Edition**—Michael J. Aminoff, MD, FRCP, Professor, Department of Neurology, University of California, San Francisco, School of Medicine, and Director, Clinical Neurophysiology Laboratories, and Attending Physician, Department of Neurology, University of California Medical Center, San Francisco. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 347 pages, \$54.

**FINANCIAL PLANNING WORKBOOK FOR PHYSICIANS**—Steven B. Enright, CFP. Medical Economics Books, Oradell, NJ 07649, 1987. 225 pages, \$28.95 (paperback).

**GALLBLADDER AND BILE DUCT IMAGING—A CLINICAL RADIOLOGIC APPROACH**—Robert K. Zeman, MD, Professor of Radiology, Georgetown University School of Medicine, and Clinical Director of Diagnostic Radiology, Georgetown University Hospital, Washington, and Morton I. Burrell, MD, Professor of Radiology, Yale University School of Medicine, and Director of Gastrointestinal Radiology, Yale-New Haven Hospital, Connecticut. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 777 pages, \$160.

**GERIATRIC AMBULATORY AND INSTITUTIONAL CARE**—James D. Lomax, MD, Director, Department of Family Practice, Long Island College Hospital, Brooklyn, New York. Ishiyaku EuroAmerica, Inc, 11559 Rock Island Ct, Maryland Heights, MO 63043, 1987. 209 pages, \$27.50 (paperback).

**HANDBOOK OF HEAD AND NECK IMAGING**—June M. Unger, MD, Professor of Radiology, University of Wisconsin Clinical Science Center, Madison; Clinical Professor of Radiology, Medical College of Wisconsin; and Consultant in Radiology, Clement J. Zablocki Veterans Administration Medical Center, Milwaukee. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 225 pages, \$55.

**HANDBOOK OF OFFICE & AMBULATORY GYNECOLOGIC SURGERY**—Edited by Philip D. Darney, MD, Associate Professor in Residence, Department of Obstetrics, Gynecology, and Reproductive Sciences, University of California, San Francisco, School of Medicine. Medical Economics Books, Oradell, NJ 07649, 1987. 220 pages, \$24.95 (paperback).

**HEALTH PROBLEMS OF HEALTH-CARE WORKERS—Volume 2 in Occupational Medicine: State of the Art Reviews**—Edited by Edward A. Emmett, MD, Professor and Director, Division of Occupational Medicine, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore. Hanley & Belfus, Inc, 210 S 13th St, Philadelphia, PA 19107, 1987. 649 pages, \$28.

**THE HUMAN VOCAL TRACT: ANATOMY, FUNCTION, DEVELOPMENT, AND EVOLUTION**—Edmund S. Crelin, PhD, DSc, Professor and Chief, Section of Human Anatomy and Development, Departments of Surgery and Orthopedics and Rehabilitation, Yale University School of Medicine, and Chairman, Human Growth and Development Study Unit, Yale-New Haven Medical Center, Connecticut. Vantage Press, 516 W 34th St, New York, NY 10001, 1987. 262 pages, \$25.

**MANUAL OF ANESTHESIA FOR EMERGENCY SURGERY**—Edited by Judith Donegan, MD, PhD, Professor of Anesthesia and Neurosurgery, Department of Anesthesia, University of California, San Francisco, School of Medicine. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 373 pages, \$29 (paperback).

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**ZANTAC® 150 Tablets**  
(ranitidine hydrochloride)  
**ZANTAC® 300 Tablets**  
(ranitidine hydrochloride)

## BRIEF SUMMARY

The following is a brief summary only. Before prescribing, see complete prescribing information in ZANTAC® product labeling.

**INDICATIONS AND USAGE:** ZANTAC® is indicated in:

1. Short-term treatment of **active duodenal ulcer**. Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer**. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD)**. Symptomatic relief commonly occurs within one or two weeks after starting therapy. Therapy for longer than six weeks has not been studied.

In active duodenal ulcer, active, benign gastric ulcer, hypersecretory states, and GERD, concomitant antacids should be given as needed for relief of pain.

**CONTRAINDICATIONS:** ZANTAC® is contraindicated for patients known to have hypersensitivity to the drug.

**PRECAUTIONS:** General: 1. Symptomatic response to ZANTAC® therapy does not preclude the presence of gastric malignancy.

2. Since ZANTAC is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see **DOSAGE AND ADMINISTRATION**). Caution should be observed in patients with hepatic dysfunction since ZANTAC is metabolized in the liver.

**Laboratory Tests:** False-positive tests for urine protein with Multistix® may occur during ZANTAC therapy, and therefore testing with sulfosalicylic acid is recommended.

**Drug Interactions:** Although ZANTAC has been reported to bind weakly to cytochrome P-450 in vitro, recommended doses of the drug do not inhibit the action of the cytochrome P-450-linked oxygenase enzymes in the liver. However, there have been isolated reports of drug interactions which suggest that ZANTAC may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** There was no indication of tumorigenic or carcinogenic effects in lifespan studies in mice and rats at doses up to 2,000 mg/kg/day.

Ranitidine was not mutagenic in standard bacterial tests (*Salmonella*, *E. coli*) for mutagenicity at concentrations up to the maximum recommended for these assays.

In a dominant lethal assay, a single oral dose of 1,000 mg/kg to male rats was without effect on the outcome of two matings per week for the next nine weeks.

**Pregnancy: Teratogenic Effects: Pregnancy Category B:** Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to ZANTAC. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

**Nursing Mothers:** ZANTAC is secreted in human milk. Caution should be exercised when ZANTAC is administered to a nursing mother.

**Pediatric Use:** Safety and effectiveness in children have not been established.

**Use in Elderly Patients:** Ulcer healing rates in elderly patients (65 to 82 years of age) were no different from those in younger age groups. The incidence rates for adverse events and laboratory abnormalities were also not different from those seen in other age groups.

**ADVERSE REACTIONS:** The following have been reported as events in clinical trials or in the routine management of patients treated with oral ZANTAC®. The relationship to ZANTAC therapy has been unclear in many cases. Headache, sometimes severe, seems to be related to ZANTAC administration.

**Central Nervous System:** Rarely, malaise, dizziness, somnolence, insomnia, and vertigo. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients. Rare cases of reversible blurred vision suggestive of a change in accommodation have been reported.

**Cardiovascular:** Rare reports of tachycardia, bradycardia, and premature ventricular beats.

**Gastrointestinal:** Constipation, diarrhea, nausea/vomiting, and abdominal discomfort/pain.

**Hepatic:** In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid IV for seven days, and in 4 of 24 subjects receiving 50 mg qid IV for five days. With oral administration there have been occasional reports of reversible hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice.

**Musculoskeletal:** Rare reports of arthralgias.

**Hematologic:** Reversible blood count changes (leukopenia, granulocytopenia, thrombocytopenia) have occurred in a few patients. Rare cases of agranulocytosis or of pancytopenia, sometimes with marrow hypoplasia, have been reported.

**Endocrine:** Controlled studies in animals and man have shown no stimulation of any pituitary hormone by ZANTAC (ranitidine hydrochloride) and no antiandrogenic activity, and cimetidine-induced gynecomastia and impotence in hypersecretory patients have resolved when ZANTAC has been substituted. However, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving ZANTAC, but the incidence did not differ from that in the general population.

**Integumentary:** Rash, including rare cases suggestive of mild erythema multiforme, and rarely, alopecia.

**Other:** Rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia) and small increases in serum creatinine.

**OVERDOSAGE:** Information concerning possible overdosage and its treatment appears in the full prescribing information.

**DOSAGE AND ADMINISTRATION: Active Duodenal Ulcer:** The current recommended adult oral dosage is 150 mg twice daily. An alternate dosage of 300 mg once daily at bedtime can be used for patients in whom dosing convenience is important. The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated.

**Maintenance Therapy:** The current recommended adult oral dosage is 150 mg at bedtime.

**Pathological Hypersecretory Conditions (such as Zollinger-Ellison syndrome):** The current recommended adult oral dosage is 150 mg twice a day. In some patients it may be necessary to administer ZANTAC® 150-mg doses more frequently. Doses should be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/day have been employed in patients with severe disease.

**Benign Gastric Ulcer:** The current recommended adult oral dosage is 150 mg twice a day.

**GERD:** The current recommended adult oral dosage is 150 mg twice a day.

**Dosage Adjustment for Patients with Impaired Renal Function:** On the basis of experience with a group of subjects with severely impaired renal function treated with ZANTAC, the recommended dosage in patients with a creatinine clearance less than 50 ml/min is 150 mg every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

**HOW SUPPLIED:** ZANTAC® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) and unit dose packs of 100 tablets (NDC 0173-0393-47).

ZANTAC® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 tablets (NDC 0173-0344-42) and unit dose packs of 100 tablets (NDC 0173-0344-47).

Store between 15° and 30°C (59° and 86°F) in a dry place. Protect from light. Replace cap securely after each opening.

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**Glaxo**

Glaxo Inc.  
Research Triangle Park, NC 27709

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## BOOKS RECEIVED

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**MEDICAL BIOGRAPHIES—THE AILMENTS OF THIRTY-THREE FAMOUS PERSONS**—Philip Marshall Dale, MD. University of Oklahoma Press, 1005 Asp Ave, Norman, OK 73019, 1987. 262 pages, \$10.95 (paperback).

**MEDICAL ECONOMICS PROBLEM SOLVER 1: PRACTICE MANAGEMENT**—Edited by Ellen H. Bleiler. Medical Economics Books, Oradell, NJ 07649. 148 pages, \$14.95 (paperback).

**MEDICAL STAFF MONITORING FUNCTIONS: BLOOD USAGE REVIEW**—Edited by Robert Fromberg. Joint Commission on Accreditation of Hospitals, 875 North Michigan Ave, Chicago, IL 60611, 1987. 37 pages, \$30 (paperback).

**A MULTIMODALITY APPROACH TO BREAST IMAGING**—Saar Porath, MD, Director, Woman's Breast Center, Santa Monica, California. Aspen Publishers Inc, 1600 Research Blvd, Rockville, MD 20850, 1986. 324 pages, price not given.

**NEUROLOGY—PROBLEMS IN PRIMARY CARE**—James L. Bernat, MD, Associate Professor of Clinical Medicine (Neurology), Dartmouth Medical School, and Chief, Neurology Section, Veterans Administration Medical Center, White River Junction, Vermont, and Frederick M. Vincent, MD, Associate Professor of Medicine and Psychiatry and Chief, Neurology Section, Department of Medicine, Michigan State University College of Human Medicine, East Lansing. Medical Economics Books, Oradell, NJ 07649, 1987. 605 pages, \$39.95 (paperback).

**NEW SURGICAL AND MEDICAL APPROACHES IN INFECTIOUS DISEASES—Volume 6 in Contemporary Issues in Infectious Diseases**—Edited by Richard K. Root, MD, Professor and Chairman, Department of Medicine, University of California, San Francisco, School of Medicine; Donald D. Trunkey, MD, Professor of Surgery and Chairman, Department of Surgery, Oregon Health Sciences University School of Medicine, Portland, and Merle A. Sande, MD, Professor and Vice Chairman, Department of Medicine, University of California, San Francisco, School of Medicine, and Chief, Medical Service, San Francisco General Hospital. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 284 pages, \$54.

**OBSTETRICS, GYNECOLOGY, AND INFANT MORTALITY—Volume 3 in A Profile of Health and Disease in America**—Wynne Smith, PhD. Facts On File Inc, 460 Park Ave South, New York, NY 10016, 1987. 140 pages, \$35.00.

**OPEN HEART SURGERY—THEORY AND PRACTICE—Volume 7 in Surgical Science Series**—Edited by John C. Callaghan, MD, FRCS(C), FACA, Professor of Surgery and Director, Division of Cardiovascular and Thoracic Surgery, The University of Alberta Hospitals, and Joseph Wartak, MD, Research Cardiologist, The University of Alberta Hospitals, and Associate Professor, Department of Applied Sciences in Medicine, The University of Alberta, Edmonton, Alberta, Canada. Praeger Publishers, 521 Fifth Ave, New York, NY 10175, 1986. 174 pages, \$42.95.

**PHARMACOTHERAPY OF RENAL DISEASE AND HYPERTENSION—Volume 17 in Contemporary Issues in Nephrology**—Edited by William M. Bennett, MD, Professor of Medicine and Pharmacology and Head, Division of Nephrology and Hypertension, and David A. McCarron, MD, Professor of Medicine and Director, Oregon Hypertension Program, Division of Nephrology and Hypertension, Oregon Health Sciences University School of Medicine, Portland. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 400 pages, \$75.

**THE PHYSICIAN'S GUIDE TO PRACTICE LOCATION BY STATE—1987-1988—Volume 1 (Alabama to Kentucky)**—O. Sam Ashouri, MD. Doctors Publishing, Inc, 4221 Baymeadows Rd, Suite 2, Jacksonville, FL 32217, 1987. 346 pages, \$36.90 (soft cover).

**THE PHYSICIAN'S GUIDE TO THE TAX REFORM ACT OF 1986**—Donald L. DeMuth, CPA, MBA, and Daniel C. Miller, CPA, MBA. Medical Economics Books, Oradell, NJ 07649. 131 pages, \$19.95 (paperback).

**PRACTICAL COMPUTER APPLICATIONS IN RADIONUCLIDE IMAGING—Volume 3 in Contemporary Issues in Nuclear Medicine**—Edited by Arvis G. Williams, Jr, MD, Diagnostic Radiologist, Department of Radiology, Watson Clinic, Lakeland, Florida, and Christopher G. Eckel, MD, Assistant Professor of Radiology, University of New Mexico School of Medicine, Albuquerque. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 282 pages, \$52.

**PRENATAL ULTRASOUND—A COLOR ATLAS WITH ANATOMIC AND PATHOLOGIC CORRELATION**—Beverly A. Spirt, MD, Professor of Radiology; Lawrence P. Gordon, MD, Assistant Professor of Pathology; and Michael Oliphant, MD, Clinical Professor of Radiology, State University of New York Health Science Center at Syracuse. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 143 pages, \$70.

**PRIMARY CARE OF CANCER—RECOMMENDATIONS FOR SCREENING, DIAGNOSIS AND MANAGEMENT**—Regional Cancer Resource Center of Northeast Ohio; Edward A. Mortimer, Jr, MD, Editor in Chief. Case Western Reserve University School of Medicine, Cleveland, OH 44106, 1987. 190 pages, \$15 (paperback).

**PRINCIPLES OF EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY**—Edited by Robert A. Riehle, Jr, MD, Assistant Professor of Surgery (Urology), Cornell University Medical College; Assistant Attending Surgeon, and Director, Lithotripsy Unit, The New York Hospital-Cornell Medical Center, New York, and Robert C. Newman, MD, Assistant Professor of Surgery and Chief, Clinical Stone Service, Division of Urology, University of Florida College of Medicine, Gainesville. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1987. 248 pages, \$48.

**PROTOCOLS FOR HIGH-RISK PREGNANCIES—Second Edition**—Edited by John T. Queenan, MD, Professor and Chairman, Department of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, Georgetown University School of Medicine, Washington, DC, and John C. Hobbins, MD, Professor of Obstetrics and Diagnostic Imaging, Yale University School of Medicine, and Director of Obstetrics, Yale-New Haven Hospital, New Haven, Connecticut. Medical Economics Books, Box C-779, Pratt Station, Brooklyn, NY 11205, 1987. 427 pages, \$29.95 (paperback).